

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

FORM D

NOTICE OF SALE OF SECURATES 1 200 pursuant to regulation d, section 4(6), and/or uniform limited offering exemption

i 14 15	00
177	OMB APPROVAL
	OMB Number: 3235-0076
	Expires:August 31, 1998
	Estimated average burden
	hours per form 16.00
	SEC USE ONLY
	Prefix Serial
]

DATE RECEIVED

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Name of Offering ([]) check if this is an amendment and name has changed, and indicate change	je.)	
Talaria Long/Short Opportunity Fund LP: Offering of Limited Partnership Interests		
	ion 4(6) [] ULOE
Type of Filing: [] New Filing [XX] Amendment		
Name of Offering ([] check if this is an amendment and name has changed, and indicate change.) Talaria Long/Short Opportunity Fund LP: Offering of Limited Partnership Interests Filing Under (Check box(es) that apply): [] Rule 504 [] Rule 505 [x] Rule 506 [] Section 4(6) [] ULOE Type of Filing: [] New Filing [XX] Amendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer ([] check if this is an amendment and name has changed, and indicate change.) Talaria Long/Short Opportunity Fund LP Address of Executive Offices (Number and Street, City, State, ZIP Code) Telephone Number (Including Area Code 294 E. Grove Lane, Suite 160, Wayzata, Minnesota, 55391 Address of Principal Business Operations (Number and Street, City, State, ZIP Code) Telephone Number (Including Area Code Operations (if different from Executive Offices) Same as executive offices. Brief Description of Business Securities Investment Type of Business Organization [] corporation [X] limited partnership, already formed [] other (please specify): [] business trust [] limited partnership, to be formed Actual or Estimated Date of Incorporation or Organization: [0][8] [0][2] [X]Actual [] Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign [univestication) [D][E]		
1. Enter the information requested about the issuer		
Name of Issuer ([]] check if this is an amendment and name has changed, and indicate change.)	
Talaria Long/Short Opportunity Fund LP		
	hone Number	_
294 E. Grove Lane, Suite 160, Wayzata, Minnesota, 55391		(952) 249-8910
Address of Principal Business Operations (Number and Street, City, State, ZIP Code) Telep	hone Number	(Including Area Code)
		,
Same as executive offices.		
		·
-		
Securities Investment		
Type of Business Organization		PROCESSE
[] corporation [x] limited partnership, already formed [] other (please spec	cify):	LIOOFOOE
[] business trust [] limited partnership, to be formed		1
		<u> </u>
	Stimated	THOMSON
		FINANCIAL
,		FINAL
FN for other foreign jurisdiction) [D][E]		

GENERAL INSTRUCTIONS

Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

<u>Information Required</u>: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

-Attention-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond un less the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - * Each promoter of the issuer, if the issuer has been organized within the past five years;
 - * Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - \star Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - * Each general and managing partner of partnership issuers.

* Each general and managing partner of partnership issuers.		
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [] D	Director [x] General and/or Managing Partner	
Full Name (Last name first, if individual) Talaria Partners LLC		
Business or Residence Address (Number and Street, City, State, ZIP Code): 294 E. Grove Lane, Suite 160, Wayzata, Minnesota 55391		
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [x] Executive Officer [] D	Director [] General and/or Managing Partner	
Full Name (Last name first, if individual) Fitzmaurice, Matthew O. (LLC Manager)		
Business or Residence Address (Number and Street, City, State, ZIP Code): 294 E. Grove Lane, Suite 160, Wayzata, Minnesota 55391		
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [x] Executive Officer [] D	Director [] General and/or Managing Partner	
Full Name (Last name first, if individual) Bartlett, Mitchell P. (LLC Manager)		
Business or Residence Address (Number and Street, City, State, ZIP Code): 294 E. Grove Lane, Suite 160, Wayzata, Minnesota 55391		
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [] D	Director [] General and/or Managing Partner	
Full Name (Last name first, if individual)		_
Business or Residence Address (Number and Street, City, State, ZIP Code):		
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [] D	Director [] General and/or Managing Partner	
Full Name (Last name first, if individual)		_
Business or Residence Address (Number and Street, City, State, ZIP Code):	a t	
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [] D	Director [] General and/or Managing Partner	
Full Name (Last name first, if individual)		_
Business or Residence Address (Number and Street, City, State, ZIP Code):		
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [] D	Director [] General and/or Managing Partner	
Full Name (Last name first, if individual)		_
Business or Residence Address (Number and Street, City, State, ZIP Code):		

				В. І	NFORMATION	ABOUT OFF	ERING					
			does the								10	
inv	estors in	this offer	ing?							[]	[x]	
	Answer	also in Ap	pendix, Co	lumn 2, if	filing un	der ULOE.						
			estment the may, in it		_	_				•		
3. Doe	s the offe	ring permi	t joint ow	nership of	a single	unit?					10 []	
co of an	mmission of fering. Indoor with	r similar f a person a state or	remuneration to be list states, l	on for sol ted is an ist the na	icitation associated me of the	of purchas I person or broker or	ers in con agent of dealer. I	nection wi a broker o f more tha	th sales of r dealer re n five (5)	securiti egistered persons t	directly, and the with the Stop be listed ealer only.	EC
Full Na	me (Last n	ame first,	if indivi	dual)			- -					
 Busines	s or Resid	ence Addre	ss (Number	and Stree	t, City, S	State, ZIP	Code)					
Name of	Associate	d Broker o	or Dealer	· · ·			· ·					
States	in Which D	erson List	ed Has Sol	icited or	Intends to	Solicit F	urchasers	·		<u>. </u>		
Deaces	111 11111111111111111111111111111111111	C15011,1115C	ca nas bor	icitta oi		, portere t	urchasers					
(Ch	eck "All S	tates" or	check indi	vídual Sta	tes)	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • •		[] A]	ll States	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KX]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
(MT) (RI)	[NE]	[NV] [SD]	(NH) [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	(NC) (VA)	(ND) (WA)	[OH] [WV]	(OK) (WI)	[OR] [WY]	[PA] [PR]
			if indivi ess (Number		t, City, S	State, ZIP	Code)					
Name of	Associate	d Broker c	r Dealer									
						·						
States	in Which P	erson List	ed Has Sol	icited or	Intends to	Solicit F	urchasers					
(Ch	eck "All S	tates" or	check indi	vidual Sta	tes)					[] A	ll States	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	(DE)	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[RI]	[NE]	[NV]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	(NC) (VA)	(ND) (WA)	(WV)	(WI)	[OR] [WY]	[PA] [PR]
Full Na	ıme (Last n	ame first,	if indivi	dual)				<u> </u>			THE SERVE	
								- -				····
Busines	s or Resid	ence Addre	ess (Number	and Stree	et, City, S	State, ZIP	Code)					
Name of	Associate	d Broker o	or Dealer	··						,, <u>,, , , , , , , , , , , , , , , , , </u>		
States	in Which P	erson List	ed Has Sol	icited or	Intends to	Solicit F	urchasers	·			<u> </u>	
(Ch	neck "All S	tates or	check indi	vidual Sta	ıtes)					[] A	ll States	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	(KS)	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT] [RI]	(NE)	[NV]	(NH) {TN]	[NJ] [TX]	(NM) (UT)	[NY] [VT]	[NC] [VA]	[ND] [WA]	(WV)	[WI]	(OR) [WY]	(PA) [PR]
(1/1)	(00)	נשט	[+14]	[TV]	[01]	[4 7]	[, 12]	[HAD]	[11 Y]	[117]	744.7.3	(EIC)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EX	PENSES AND USE OF PR	OCEEDS
	Enter the aggregate offering price of securities included in this	s offering and the t	otal amount already sold. Enter "0"
	if answer is "none" or "zero." If the transaction is an exchange		
	columns below the amounts of the securities offered for exchange		
		Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt		\$0.00
	Equity	\$0.00	\$0.00
	[] Common [] Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$200,000,000.00	\$0.00
	Other (Specify)	\$ <u>N/A</u>	\$_N/A
	Total	\$200,000,000.00	\$0.00
	Answer also in Appendix, Column 3, if filing under	r ULOE.	
	Enter the number of accredited and non-accredited investors who aggregate dollar amounts of their purchases. For offerings under purchased securities and the aggregate dollar amount of their purnone or "zero."	r Rule 504, indicate	the number of persons who have
	none of Zelo.		Aggregate
	1	Number	Dollar Amount
		Investors	of Purchases
	Accredited Investors		\$0.00
	Non-accredited Investors		\$0.00
	Non decreated investors	V	V 0.00
	Total (for filings under Rule 504 only)	N/A	\$ N/A
	Answer also in Appendix, Column 4, if filing under	r ULOE.	
	If this filing is for an offering under Rule 504 or 505, enter this suer, to date, in offerings of the types indicated, in the twenthis offering. Classify securities by type listed in Part C-Que	lve (12) months prio	
		Type of	Dollar Amount
	Type of offering	Security	Sold
	Rule 505	N/A	\$ <u>N/A</u>
	Regulation A	N/A	\$ N/A
	Rule 504		\$ N/A
	Total	N/A	\$ N/A
	a. Furnish a statement of all expenses in connection with the i offering. Exclude amounts relating solely to organization expen- subject to future contingencies. If the amount of an expenditur- the left of the estimate.	ses of the issuer.	The information may be given as
	Transfer Agent's Fees		[x]\$0.00
	Printing and Engraving Costs		[x] \$0.00
	Legal Fees		[x] \$25,000.00
	Accounting Fees		[x] \$0.00
	Engineering Fees		[x]\$0.00
	Sales Commissions (specify finders' fees separately)		[x] \$0.00
	Other Expenses (identify):	•	
Misc.	Operating Expenses		
			[x] \$5,000.00
	mata l		[] (20, 000, 00
	Total		[x] \$30,000.00

	C OPERATIO PATCE	NAMES OF THE OWNERS OF THE OWNER,		NEW MARK OF PROGRESS		
	b. Enter the difference between th in response to Part C - Question 1 response to Part C - Question 4.a.	and total expenses furnish This difference is the	giv	ven in		2.072.000.00
	"adjusted gross proceeds to the iss	uer."			\$19	9,970,000.00
5.	Indicate below the amount of the ad used or proposed to be used for eac amount for any purpose is not known box to the left of the estimate. Tequal the adjusted gross proceeds the part C - Question 4.b. above.	h of the purposes shown. , furnish an estimate and he total of the payments l	If check	the ck the ed must		
	Part C - Question 4.b. above.			Payments to		
				Officers, Directors, & Affiliates		Payments To Others
	Salaries and fees		[x]	\$0.00	[x]	\$0.00
	Purchase of real estate		[x]	\$0.00	(x)	\$0.00
	Purchase, rental or leasing an of machinery and equipment		[x]	\$0.00	[x]	\$0.00
	Construction or leasing of pla and facilities		[x]	\$0.00	[x]	\$0.00
	Acquisition of other businesse the value of securities involv offering that may be used in e assets or securities of anothe pursuant to a merger)	ed in this xchange for the r issuer	f1	20.00	(1	CO. 00
					[X]	\$0.00
	Repayment of indebtedness				[x]	\$0.00
	Working capital		[x]	\$0.00	(x)	\$199,970,000.00
	Other (specify):					
			[x]	\$0.00	[x]	\$0.00
	Column Totals		[x]	\$0.00	{x}	\$199,970,000.00
	Total Payments Listed (column	totals added)		(x) \$199.970	. 000	.00
	,			, ,		
_		D. FEDERAL SIGN				
	issuer has duly caused this notice to 505, the following signature consti		_			
Com	hission, upon written request of its want to paragraph (b)(2) of Rule 502	staff, the information fur				
Issu	Print or Type)	Talaria Long/Short Op	por	tunity Fund LP		
Sigr	lature					
Date	Der 12	2002				
Name	of Signer (Print or Type)	Matthew O. Fitzmaurio	ce			
Tit]	e of Signer (Print or Type)	Manager of Talaria Pa	artn	ers LLC, the General	Par	tner
	,				_	
		ATTENTION	·			10

	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of	Yes	No
	the disqualification provisions of such rule?	[]	[x]
	See Appendix, Column 5, for state response.		

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer	(Print or Type)	Talaria Long/Short Opportunity Fund LP	
Signatu	re		
Date	Nec 12	2002	
Name of	Signer (Print or Type)	Matthew O. Fitzmaurice	
Title o	f Signer (Print or Type)	Manager of Talaria Partners LLC, the General Partner	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

	 Intend	to non- dited tors ate B -	3 Type of security and aggregate offering price offered in state (Part C-Item 1)	amount	e of investor and purchased in State rt C-Item 2)			ULOE yes,	tion State (if attach nation iver ed) E-
State	Yes	 No	Ltd. partnership interests	Number of Accredited Investors	Amount	Number of Non-Accred Investors	Amount	Yes	No
AL		X	\$0	0	\$0	0	\$0		х
AK]	X	\$0,	0	\$0	0	\$0		j x
AZ		x	\$200,000,000.00	0	\$0.00	0	\$0		Х
AR		Х	\$0	0	\$0	0	\$0		Х
CA		x	\$200,000,000.00	0	\$0.00	0	\$0		х
CO		X	\$0	0	\$0	0	\$0		х
CT		X	\$0	10	\$0	0	\$0		x
DE		Х	\$0	0	\$0	0	\$0		x
DC		Х	\$0	0	\$0	0	\$0		х
FL		X	\$0	0	\$0	0	\$0		Х
GA		X	\$0	0	\$0	0	\$0		X
HI		x	\$200,000,000.00	0	\$0.00	0	\$0		х
ID		х	\$0	0	\$0	0	\$0		X
IL		X	\$0	0	\$0	0	\$0		x
IN	1	X	\$0	0	\$0	0	\$0		Х
IA		X	\$0'	0	\$0	0	\$0		X
KS		X	\$0	0	\$0	0	\$0		x
KY		X	\$0	0	\$0	0	\$0		X
LA		x	l so	10	\$0	0	\$0		j x
ME		x	\$0	0	\$0	0	\$0		X
MD		x	\$0	0	\$0	0	\$0		X
MA		X	\$200,000,000.00	0	\$0.00	0	\$0		x
MI		x	\$0	0	\$0	0	\$0		Х
MN		x	\$200,000,000.00	0	\$0.00	0	\$0		X
MS		х	\$0	0	\$0	0	\$0		х
мо		x	\$0	0	\$0	0	\$0		x
	 			-	of 8			SEC 19	+1

	Inten	to non- dited tors ate B -	Type of security and aggregate offering price offered in state (Part C-Item 1)	amount	Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No	Ltd. partnership interests	Number of Accredited Investors	Amount	Number of Non-Accred Investors	Amount	Yes	No
MT	1	X	\$0 .	0	\$0	0	\$0		X
NE	 	х	\$0	0	\$0	0	\$0		х
NV		х	\$200,000,000.00	0	\$0.00	0	\$0		X
NH		X	\$0	0	\$0 .	0	\$0		х
NJ		Х	\$0:	0	\$0	0	\$0		х
NM		х	\$0	0	\$0	0	\$0		х
NY		х	\$200,000,000.00	0	\$0.00	0	\$0	-	х
NC		х	\$0	0	\$0	0	\$0		х
ND		X	\$0	0	\$0	0	\$0		х
он		X .	\$0	0	\$0	0	\$0		х
ок		х	\$0	0	\$0	0	\$0		х
OR		x	\$200,000,000.00	0	\$0.00	0	\$0		х
PA		х	\$200,000,000.00	0	\$0.00	0	\$0		х
RI	<u> </u>	X	\$0 _.	0	\$0	0	\$0		X
sc		Х	\$0	0	\$0	0	\$0		X
SD	<u> </u>	X	\$0	0	\$0	0	\$0		X
TN		X	\$0	0	\$0	0	\$0		X
TX		X	\$200,000,000.00	0	\$0.00	0	\$0		x
UT		X	\$0 [°]	0	\$0	0	\$0		X
Vr	[X	\$0	0	[\$0	0	\$0	1	X
VA		x	\$0 	0	\$0	0	\$0		X
WA		x	\$200,000,000.00	0	\$0.00	0	\$0		X
wv		Х	\$0'	0	\$0	0	\$0		Х
WI		x	\$0'	0	\$0	0	\$0		X
WY	1	Х	\$0	0	\$0	0	\$0		Х
PR		x	\$0.	0	\$0	0	\$0		x